

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

IOWANS FOR LATHAM

ADDRESS (number and street)
▼

PO BOX 8237

Check if different
than previously
reported. (ACC)

DES MOINES

IA

50301

2. FEC IDENTIFICATION NUMBER ▼

C

C00287045

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

IA

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer KIM SCHMETT

Signature of Treasurer

KIM SCHMETT

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

04

15

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
IOWANS FOR LATHAM

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
01			01			2014			

To:

M	M	/	D	D	/	Y	Y	Y	Y
03			31			2014			

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	1109407.46
(b) Total Contribution Refunds (from Line 20(d))	128513.67	132113.67
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	-128513.67	977293.79
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	34531.48	494442.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	70922.45
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	34531.48	423520.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	580694.50	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
 999 E Street, NW
 Washington, DC 20463

Toll Free 800-424-9530
 Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

IOWANS FOR LATHAM

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

250789.20

(ii) Unitemized.....

0.00

43233.79

(iii) TOTAL of contributions from individuals ▶

0.00

294022.99

(b) Political Party Committees.....

0.00

100.00

(c) Other Political Committees (such as PACs).....

0.00

815284.47

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.00

1109407.46

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

17967.91

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

70922.45

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.02

1083.91

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

0.02

1199381.73

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 29

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	34531.48	494442.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	36289.20	39889.20
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	92224.47	92224.47
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	128513.67	132113.67
21. OTHER DISBURSEMENTS	111000.00	143000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	274045.15	769556.22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	854739.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.02
25. SUBTOTAL (add Line 23 and Line 24).....	854739.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	274045.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	580694.50

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 29

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)
IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial) FIRST CITIZENS NATIONAL BANK		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2014	
Mailing Address PO BOX 268 120 FIRST AVE NW		Transaction ID : SA15.4581	
City CALRION	State IA	Zip Code 50525	Amount of Each Receipt this Period _____ 0.01 INTEREST
FEC ID number of contributing federal political committee. C _____			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1083.90		
B. Full Name (Last, First, Middle Initial) FIRST CITIZENS NATIONAL BANK		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014	
Mailing Address PO BOX 268 120 FIRST AVE NW		Transaction ID : SA15.4582	
City CALRION	State IA	Zip Code 50525	Amount of Each Receipt this Period _____ 0.01 INTEREST
FEC ID number of contributing federal political committee. C _____			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1083.91		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. C _____			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____		
SUBTOTAL of Receipts This Page (optional).....		_____ 0.02	
TOTAL This Period (last page this line number only).....		_____ 0.02	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. BOGART AND ASSOCIATES

Mailing Address 1200 TRINITY DRIVE

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		21		2014

Amount of Each Disbursement this Period

5736.38

Transaction ID : SB17.4635

B. BOGART AND ASSOCIATES

Mailing Address 1200 TRINITY DRIVE

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

5905.51

Transaction ID : SB17.4636

C. CFB STRATEGIES

Mailing Address 247 FARRAGUT AVE

City	State	Zip Code
HASTINGS ON HUDSON	NY	10706

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		21		2014

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.4656

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12066.89

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. FIRST NATIONAL BANK OMAHA

Mailing Address PO BOX 2818

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		21		2014

City	State	Zip Code
OMAHA	NE	58103

Amount of Each Disbursement this Period

1107.99

Purpose of Disbursement
FUNDRAISING, TRAVEL AND OFFICE SUPPLIESCategory/
Type**Transaction ID : SB17.4643**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. FIRST NATIONAL BANK OMAHA

Mailing Address PO BOX 2818

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2014

City	State	Zip Code
OMAHA	NE	58103

Amount of Each Disbursement this Period

1088.44

Purpose of Disbursement
FUNDRAISING, TRAVEL AND OFFICE SUPPLIESCategory/
Type**Transaction ID : SB17.4638**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. FIRST NATIONAL BANK OMAHA

Mailing Address PO BOX 2818

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2014

City	State	Zip Code
OMAHA	NE	58103

Amount of Each Disbursement this Period

435.69

Purpose of Disbursement
FUNDRAISING, TRAVEL AND OFFICE SUPPLIESCategory/
Type**Transaction ID : SB17.4639**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2632.12

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. FIRST NATIONAL BANK OMAHA

Mailing Address PO BOX 2818

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2014

City	State	Zip Code
OMAHA	NE	58103

Amount of Each Disbursement this Period

667.08

Purpose of Disbursement
FUNDRAISING, TRAVEL AND OFFICE SUPPLIESCategory/
Type

Transaction ID : SB17.4640

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. FIRST NATIONAL BANK OMAHA

Mailing Address PO BOX 2818

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2014

City	State	Zip Code
OMAHA	NE	58103

Amount of Each Disbursement this Period

944.09

Purpose of Disbursement
FUNDRAISING, TRAVEL AND OFFICE SUPPLIESCategory/
Type

Transaction ID : SB17.4641

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. FIRST NATIONAL BANK OMAHA

Mailing Address PO BOX 2818

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2014

City	State	Zip Code
OMAHA	NE	58103

Amount of Each Disbursement this Period

2971.66

Purpose of Disbursement
FUNDRAISING, TRAVEL AND OFFICE SUPPLIESCategory/
Type

Transaction ID : SB17.4642

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4582.83

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. IMGE LLCMailing Address 603 KING STREET
4TH FLOOR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4631

B. KOCH BROTHERS INC.

Mailing Address 301 E LOCUST

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement
EQUIPMENT LEASE: COPIER

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2014

Amount of Each Disbursement this Period

632.82

Transaction ID : SB17.4633

C. MACDONALD LETTER SERVICE

Mailing Address 1632 OHIO STREET

City DES MOINES State IA Zip Code 50314

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		21		2014

Amount of Each Disbursement this Period

3975.02

Transaction ID : SB17.4632

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6107.84

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. RED CURVE SOLUTIONSMailing Address 138 CONANT STREET
FIRST FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

3777.70

Transaction ID : SB17.4628

B. RED CURVE SOLUTIONSMailing Address 138 CONANT STREET
FIRST FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

Amount of Each Disbursement this Period

4817.70

Transaction ID : SB17.4629

C. TREASURER, STATE OF IOWA

Mailing Address PO BOX 10411

City DES MOINES State IA Zip Code 50306

Purpose of Disbursement
SALES & USE TAX

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2014

Amount of Each Disbursement this Period

0.18

Transaction ID : SB17.4652

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8595.58

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 29

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. TREASURER, STATE OF IOWA

Mailing Address PO BOX 10411

City	State	Zip Code
DES MOINES	IA	50306

Purpose of Disbursement
SALES & USE TAX

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2014

Amount of Each Disbursement this Period

1.86

Transaction ID : SB17.4653

B. TREASURER, STATE OF IOWA

Mailing Address PO BOX 10411

City	State	Zip Code
DES MOINES	IA	50306

Purpose of Disbursement
SALES & USE TAX

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2014

Amount of Each Disbursement this Period

0.18

Transaction ID : SB17.4654

C. VERIZON WIRELESS

Mailing Address 777 BIG TIMBER ROAD

City	State	Zip Code
ELGIN	IL	60123

Purpose of Disbursement
MOBILE PHONE EXPENSE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2014

Amount of Each Disbursement this Period

221.59

Transaction ID : SB17.4651

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

223.63

34208.89

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 29

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. GREGORY ABEL

Mailing Address PO BOX 657

City	State	Zip Code
DES MOINES	IA	50306

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

2600.00

Transaction ID : SB20A.4603

B. DENNIS ALBAUGH

Mailing Address 930 CAPE MARCO DRIVE

City	State	Zip Code
MARCO ISLAND	FL	34145

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

2600.00

Transaction ID : SB20A.4597

C. DENISE BODE

Mailing Address 100 4TH STREET NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

2600.00

Transaction ID : SB20A.4595

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7800.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. JOHN BODE

Mailing Address 100 4TH STREET NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

2600.00

Transaction ID : SB20A.4609

B. JAMES COWNIE

Mailing Address 141 37TH STREET

City	State	Zip Code
DES MOINES	IA	50312

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

2600.00

Transaction ID : SB20A.4605

C. PATRICIA COWNIE

Mailing Address 141 37TH STREET

City	State	Zip Code
DES MOINES	IA	50312

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

2600.00

Transaction ID : SB20A.4615

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7800.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. CAROLINE HANSEN

Mailing Address 1469 GLEN OAKS DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City	State	Zip Code
WEST DES MOINES	IA	50266

Amount of Each Disbursement this Period

389.20

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Transaction ID : SB20A.4591

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. GERALD KIRKE

Mailing Address 5465 MILLS CIVIC PKWY STE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City	State	Zip Code
WEST DES MOINES	IA	50266

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Transaction ID : SB20A.4599

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. SUSAN KNAPP

Mailing Address 26413 360TH STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City	State	Zip Code
VAN METER	IA	50261

Amount of Each Disbursement this Period

2600.00

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Transaction ID : SB20A.4617

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5489.20

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. WILLIAM KNAPPMailing Address 5000 WESTOWN PARKWAY
SUITE 400

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

2600.00

Transaction ID : SB20A.4619

B. GERALD LYNCH

Mailing Address 331 3RD STREET NW

City WAUCOMA State IA Zip Code 52171

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

2400.00

Transaction ID : SB20A.4601

C. JOHN PAPPAJOHN

Mailing Address 24 FOSTER DRIVE

City DES MOINES State IA Zip Code 50312

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

2400.00

Transaction ID : SB20A.4611

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7400.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. JOHN SMITH

Mailing Address 315 ROSEDALE ROAD

City	State	Zip Code
CEDAR RAPIDS	IA	52403

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 26 / 2014

Amount of Each Disbursement this Period

2600.00

Transaction ID : SB20A.4613

B. CHARLES STARK

Mailing Address 1509 165TH ST

City	State	Zip Code
WOOLSTOCK	IA	50599

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 26 / 2014

Amount of Each Disbursement this Period

2600.00

Transaction ID : SB20A.4593

C. JOAN STARK

Mailing Address 1509 165TH ST

City	State	Zip Code
WOOLSTOCK	IA	50599

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 26 / 2014

Amount of Each Disbursement this Period

2600.00

Transaction ID : SB20A.4607

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7800.00

36289.20

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 29

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

Mailing Address 4301 WILSON BOULEVARD

Date of Disbursement

M M	D D	Y Y Y Y
02	26	2014

City	State	Zip Code
ARLINGTON	VA	22203

Purpose of Disbursement
CONTRIBUTION REFUND

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB20C.4660

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

B. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

Date of Disbursement

M M	D D	Y Y Y Y
02	26	2014

City	State	Zip Code
WASHINGTON	DC	20036

Purpose of Disbursement
CONTRIBUTION REFUND

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB20C.4662

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

C. Full Name (Last, First, Middle Initial)
AMERICAN CONCRETE PIPE ASSOCIATION PAC

Mailing Address 1303 W WALNUT HILL LANE SUITE 305

Date of Disbursement

M M	D D	Y Y Y Y
02	26	2014

City	State	Zip Code
IRVING	TX	75038

Purpose of Disbursement
CONTRIBUTION REFUND

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB20C.4664

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 101 NORTH 3RD STREET

City	State	Zip Code
MOORHEAD	MN	56560

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB20C.4666

B. AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND

Mailing Address PO BOX 66

City	State	Zip Code
DANIA BEACH	FL	33004

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB20C.4668

C. AMERICAN MEAT INSTITUTE POLITICAL ACTION COMMITTEEMailing Address 1150 CONNECTICUT AVENUE, NW
SUITE 1200

City	State	Zip Code
WASHINGTON	DC	20036

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB20C.4670

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. AMERICAN TRAFFIC SAFETY SERVICES ASSOCIATION PAC

Mailing Address 15 RIVERSIDE PARKWAY SUITE 100

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City	State	Zip Code
FREDERICKSBURG	VA	22406

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CONTRIBUTION REFUNDCategory/
Type

Transaction ID : SB20C.4672

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. BLUEGRASS COMMITTEE

Mailing Address 220 1/2 E ST., NE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City	State	Zip Code
WASHINGTON	DC	20002

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
CONTRIBUTION REFUNDCategory/
Type

Transaction ID : SB20C.4673

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. BRINKER INTERNATIONAL INC. POLITICAL ACTION COMMITTEE

Mailing Address 6820 LBJ FREEWAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City	State	Zip Code
DALLAS	TX	75240

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CONTRIBUTION REFUNDCategory/
Type

Transaction ID : SB20C.4675

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

A. Full Name (Last, First, Middle Initial)
E.I. DU PONT DE NEMOURS COMPANY GOOD GOVERNMENT FUND (DUPONT GOOD GOVERNMENT FUND)

Mailing Address CHESTNUT RUN PLZ-BLDG 708/OFF. 178
974 CENTRE RD

City WILMINGTON State DE Zip Code 19805

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB20C.4677

B. Full Name (Last, First, Middle Initial)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Mailing Address LILLY CORPORATE CENTER

City INDIANAPOLIS State IN Zip Code 46285

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB20C.4679

C. Full Name (Last, First, Middle Initial)
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 2980 FAIRVIEW PARK DRIVE

City FALLS CHURCH State VA Zip Code 22042

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB20C.4681

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

7500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. ERNST & YOUNG POLITICAL ACTION COMMITTEE

Mailing Address 1101 NEW YORK AVENUE, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB20C.4683

B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)Mailing Address 25 E MAIN STREET
SUITE 200

City	State	Zip Code
RICHMOND	VA	23219

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB20C.4685

C. FEDEXPAC FEDERAL EXPRESS POLITICAL ACTION COMMITTEE

Mailing Address 942 SOUTH SHADY GROVE ROAD

City	State	Zip Code
MEMPHIS	TN	38120

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB20C.4687

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN BOEHNERMailing Address 7908 CINCINNATI DAYTON ROAD
SUITE I

City WEST CHESTER State OH Zip Code 45069

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

State: OH District: 08

Date of Disbursement

M M	D D	Y Y Y Y
02	26	2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB20C.4587

B. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)Mailing Address 1299 PENNSYLVANIA AVE NW
SUITE 900

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	26	2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB20C.4689

C. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEEMailing Address 101 CONSTITUTION AVE. NW
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	26	2014

Amount of Each Disbursement this Period

4500.00

Transaction ID : SB20C.4691

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7000.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Mailing Address 1750 NEW YORK AVENUE NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City	State	Zip Code
WASHINGTON	DC	20006

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
CONTRIBUTION REFUNDCategory/
Type

Transaction ID : SB20C.4693

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. MCAPITOL MANAGEMENT / MWH AMERICAS PACMailing Address 380 INTERLOCKEN CRESCENT
SUITE 200

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City	State	Zip Code
BROOMFIELD	CO	80021

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
CONTRIBUTION REFUNDCategory/
Type

Transaction ID : SB20C.4695

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. MIDAMERICAN ENERGY COMPANY EXECUTIVE PACMailing Address 666 GRAND AVENUE
P.O. BOX 657

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City	State	Zip Code
DES MOINES	IA	50306

Amount of Each Disbursement this Period

3500.00

Purpose of Disbursement
CONTRIBUTION REFUNDCategory/
Type

Transaction ID : SB20C.4697

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)

Mailing Address 7525 RED RIVER ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City	State	Zip Code
WAHPETON	ND	58075

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CONTRIBUTION REFUNDCategory/
Type

Transaction ID : SB20C.4699

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE., NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City	State	Zip Code
WASHINGTON	DC	20005

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
CONTRIBUTION REFUNDCategory/
Type

Transaction ID : SB20C.4701

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. NEXTERA ENERGY, INC. POLITICAL ACTION COMMITTEE

Mailing Address 700 UNIVERSE BLVD.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City	State	Zip Code
JUNO BEACH	FL	33408

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
CONTRIBUTION REFUNDCategory/
Type

Transaction ID : SB20C.4703

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND

Mailing Address ONE CONSTITUTION AVE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB20C.4705

B. PIONEER POLITICAL ACTION COMMITTEEMailing Address 701 8TH STREET, NW
SUITE 500

City	State	Zip Code
WASHINGTON	DC	20001

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB20C.4706

**C. POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF
ORTHOPAEDIC SURGEONS**Mailing Address 317 MASSACHUSETTS AVENUE, NE
1ST FLOOR

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB20C.4708

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 29

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. SWISHER INTERNATIONAL INC PAC FUND

Mailing Address 459 EAST 16TH STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City	State	Zip Code
JACKSONVILLE	FL	32206

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Transaction ID : SB20C.4710

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1200 WILSON BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City	State	Zip Code
ARLINGTON	VA	22209

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Transaction ID : SB20C.4712

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. THE FREEDOM PROJECT

Mailing Address 320 1ST STREET SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City	State	Zip Code
WASHINGTON	DC	20003

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Transaction ID : SB20C.4714

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

14000.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. UNITED TRANSPORTATION UNION POLITICAL ACTION COMMITTEE (UTU PAC)

Mailing Address 24950 COUNTRY CLUB BLVD, STE 340

City	State	Zip Code
NORTH OLMSTED	OH	44070

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB20C.4716

B. WESTERN SUGAR COOPERATIVE POLITICAL ACTION COMMITTEEMailing Address 7555 EAST HAMPDEN AVENUE
SUITE 600

City	State	Zip Code
DENVER	CO	80231

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB20C.4718

C. WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

724.47

Transaction ID : SB20C.4720

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4224.47

92224.47

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. IOWANS FOR KIM SCHMETT

Mailing Address PO BOX 3804

City	State	Zip Code
URBANDALE	IA	50323

Purpose of Disbursement
CONTRIBUTION TO RETIRE DEBT

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	--

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: IA District: 03

Date of Disbursement

M M / D D / Y Y Y Y
02 / 06 / 2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.4589

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 26 / 2014

Amount of Each Disbursement this Period

97500.00

Transaction ID : SB21.4721

C. PIONEER POLITICAL ACTION COMMITTEEMailing Address 701 8TH STREET, NW
SUITE 500

City	State	Zip Code
WASHINGTON	DC	20001

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 21 / 2014

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB21.4658

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

102000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 29

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

IOWANS FOR LATHAM

Full Name (Last, First, Middle Initial)

A. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		21		2014

City	State	Zip Code
WASHINGTON	DC	20003

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
TRANSFERCategory/
Type

Transaction ID : SB21.4723

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. SIMPSON FOR CONGRESS

Mailing Address 1487 PARKWAY DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

City	State	Zip Code
BLACKFOOT	ID	83221

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
CONTRIBUTIONCategory/
Type

Transaction ID : SB21.4584

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: ID

District: 02

Full Name (Last, First, Middle Initial)

C. SIMPSON FOR CONGRESS

Mailing Address 1487 PARKWAY DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

City	State	Zip Code
BLACKFOOT	ID	83221

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
CONTRIBUTIONCategory/
Type

Transaction ID : SB21.4585

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: ID

District: 02

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9000.00

111000.00